

1 Abraham.Tiggs. F-18763.
2 Correctional Trainning Facility,
3 P.O.Box 705,Soledad Ca 93960.
4
5

FILED
MAY 31 2007
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

6 UNITED STATE DISTRICT COURT
7 FOR THE NORTHERN DISTRICT OF CALIFORINA
8
9

10 Abraham. Tiggs.

11 Plaintiff

Case No.C07-02620 SBA

12
13
14 AMENDED EXHIBIT- (K).


15 To the above entitle court. Plaintiff Abraham. Tiggs. in pur-
16 suant to his Civil Rights Act 42 U.S.C. Section 1983.deligently
17 request the court to amend the attached memorandum reflecting
18 his second level appeal request on prison appeal log No.C.T.F.-
19 South-07-01293. dated May,21,2007,accompnied with a California
20 Department of Corrections Inmate 602 appeal dated March,20,2007.
21 and the first level appeal response memorandum dated May,10,2007.
22 the subject matters was discussed in the facts portion of my
23 complaint and in exhibit (I),and is very much relevant to my
24 complain and issues.
25 Furthermore it is evident from exhibit (A) theu (K) that any
26 further attempt on my part to exhaust the institution administra
27 tive remedy would be fruitless.
28

ORIGINAL

1 your cooperation on this matter is vary much appreciated.

2 thank you!

3
4 Sincerely,


Abraham. Tiggs

Date May, 30, 2007

EXHIBIT K

Memorandum:

ORIGINAL

Date: May,21,2007.

To: C.T.F.-South, Appeals Office.

Issue: Irate Tiggs Second Level Appeal Request,
On Appeal Iog No.C.T.F.South-07-01293

Argument: ,On the surface and superficially.the first formal level appeal response authored by J.Forst(DDS) and Kyle.B.Sather(Chief Dental Officer). appears to be granted for all intended purposes. "But in actuality the respondents, who are suppose to be professional health care providers deleted ther integrity and refused to respond deligently to my appeal issue.

My primary dental care concern expressed in my C.D.C 602 appeal unequivocally articulated that I wanted a logical explanation!'why my dentures had not been completed in view of the promise made by J.Först,and K.B.Sather. on January,8,2007.,in a memorandum. Whereas they stated that my impressions would begin on January,5,2007. and would be completed in two to three weeks.

As of the dictation of this report on may,21,2007. I still have not received ane dentures nor have thè rest of my teeth be filled.and that's to say the least in view of the fact that iv suffered numerously by way of choking on un-chewed food,and loss of weight is well as the stress of being continuously lied too by the people in control of my well being.

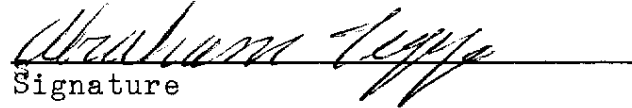
I, also requested in my 602 appeal that i wanted specific dental records it should be noted that on may 13,2007 i submitted a multi-purpose request requesting all my C.T.F.-North dental records and that included all C.D.C237 A documentation. C.D.C.-237-B documentation. Etc.. from January,5,2007. on thru May,16,2007.

It should be noted, and i will reinterate that the dental care negligence
pretaining to my urgent dental care needs shows contempt for my well being
and no dout shows deliberate indifference.

///

///

END


Signature

ORIGINAL

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

T005

0-97A

CIF-S

07-01293

8-8

2.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Abraham, Tiggs	F-18763	student	T-D-64 ^u

A. Describe Problem: *I have legitimate reasons to conclude that I am getting less than adequate dental care treatment, and examination. I've reasonably acquired some of my dental records. Specifically two C.D.C. 237-B. one dated 7/3/06 and the other dated 9/15/06. Both diagnosis documents needed treatment, such as fillings & cleaning, as well as partial dentures. However, on 1/5/07, 1/26/07, 2/16/07*

If you need more space, attach one additional sheet. *continue on pagth two*

B. Action Requested: *First & Foremost, I want my C.T.F. North Facility dental records for 1/3/07, 1/5/07, 1/26/07, 2/16/07 and 3/20/07 and explanation why my dentures have not been made, or why my teeth haven't been filled.*

Inmate/Parolee Signature: *Abraham Tiggs* Date Submitted: *3/20/07*

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

RECEIVED

Signature: _____

Date Submitted: _____

Notes: Inmate/Parolee appeals must be accompanied by a completed Board of Control form BC-1E, Inmate/Parolee Form 3 2007

CDC Appeal Number: _____

MAR 29 2007

CTF
MEDICAL APPEALS

CTF APPEALS

ORIGINAL

07-01293

First Level ☒ Granted ☐ P. Granted ☐ Denied ☐ Other _____E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: APR 3 2007 Due Date: MAY 15 2007

Interviewed by: _____

See Attached

Staff Signature: _____

Title: Staff DentistDate Completed: 5/10/2007

Division Head Approved: _____

Returned

Signature: _____

Title: CDODate to Inmate: MAY 14 2007

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

See Attached Inmate second level Appeal Request

Signature: _____

Date Submitted: 5/18/07Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____

Date Completed: _____

Warden/Superintendent Signature: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____☐ See Attached Letter

Date: _____

Page # 2

ORIGINAL

3/20/07. at C.T.F. North dental Facility four dental impressions was done in a spanned of 90 days with no fillings or cleaning performed in between. and also this day i still have not received any dentures. my issue with dental treatment within C.D.C. dates back as far as July 06 with numerous documented complaints

the inadequate dental care in my case violates a settlement reached in Perez v. Tilton to say the least. in addition also the deliberate indifference on my serious dental needs which violates my Eighth amendments

also on 10/10/07, about 3/10/07 i submitted a inmate request for dental records for 1/3/07, 1/5/07, 1/26/07, 2/16/07, and 3/20/07 for services render at C.T.F. North Facility dental clinic. my request has been ignored and for not complied with. my request was made in compliance with CCR 3370 (a) (b) & (c).

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CORRECTIONAL TRAINING FACILITY - SOLEDAD

Memorandum


Date: May 10, 2007
To: TIGGS, F18763
Subject: **CTF APPEAL LOG # CTF-S-07-01293**
FIRST LEVEL RESPONSE

ISSUE: Your CDC 602 indicates that you are requesting to receive dental records for January 3, 5, 26, February 26 and March 20, 2007. You are also requesting an explanation why your dentures have not been made or why your teeth haven't been filled.

APPEAL RESPONSE: In your request you are requesting an explanation why you have had partials made and teeth filled. We are in the process of making you partials and restorations. For the copies of records that you have requested you must follow procedure. The procedure is to submit a multi-purpose request form or a CDC 7362 to medical records with a signed trust withdrawal stating what copies you are requesting. Your copies will then be forwarded to you.

APPEAL DECISION: Your First Level appeal has been **granted** in accordance with the policy and procedures as set forth in CCR Title 15 and DOM.

If you are dissatisfied with this decision, you may appeal to the Second Formal Level by completing Section "F" of your CDC 602 form, and submitting it to the Institution Appeals Office **within 15 days of the receipt of this response.**



J. FROST, DDS
CTF Dental



KYLE B. SATHER, DDS
Chief Dental Officer

ORIGINAL

DECLARATION OF SERVICE BY MAIL

CASE NAME: Abraham. Tiggs

CASE NO.: C07-02620 SBA

I, Abraham. Tiggs, declare that I am over the age of eighteen (18) years; (I am not a party to the attached action; I served the attached document entitled: Amended Exhibit). A inmate Second Level Appeal Request entitled Memorandum). A C.D.C602 appeal and a another memorandum dated 5/10/07.

on the persons/parties specified below by placing a true copy of said document into a sealed envelope with the appropriate postage affixed thereto and surrendering said envelope(s) to the staff of the Correctional Training Facility entrusted with the logging and mailing of inmate legal mail addressed as follows: U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA, 280,S First St,3035, San Jose Ca95113-3099

There is First Class mail delivery service by the United States Post Office between the place of mailing and the addresses indicated above. I declare under the penalty of perjury under the laws of the United States and the State of California that the foregoing is true and correct and that I executed this service this 30th day of May, 2007, in Soledad, CA.


Declarant

Abraham Tiggs F18763
A.T.F. - P.O. Box 905 Solonville OH 43086



U.S. District Court
Northern District of California
1301 Clay St. 400 S Tower
Oakland CA 94612-5212

INSPECTED BY
MAY 31 2007
U.S. MARSHALS

CONFIDENTIAL
LEGAL MAIL